



Please mail or fax completed and signed form along with an Application to:
First Citizens Bank - Working Capital Finance • P.O. Box 4715 • Greensboro, NC 27404 • Toll Free Tel: (866) 214-2476 / Fax (336) 292-3725

Check One: Individual Account
Joint Account

PERSONAL FINANCIAL STATEMENT

Submitted to First Citizens Bank As of (Date):

Initials (applicant/borrower)

PERSONAL INFORMATION (Please Print)

Form with fields for Name of First Individual, Home Address, City, State, Zip, Birthdate, Social Security No., Employer, Yrs. At, Home Phone, Work Phone, and corresponding fields for the Second Individual.

Check this box if you are providing a current year's income tax return complete with all schedules in lieu of completing the below section, "Annual Income". By doing so, you certify that the tax return information is correct and that First Citizens Bank may rely upon it as stated below. Note: The annual Expenditures and Contingent Liabilities Sections must still be completed.

ANNUAL INCOME AND EXPENDITURES FOR YEAR ENDED:

Table with columns for Gross Annual Income (Salary, Dividends, Real Estate, Other) and Annual Expenditures (Mortgage, Taxes, Interest, Alimony, etc.) categorized by Borrower, Co-Borrower, and Combined.

STATEMENT OF FINANCIAL CONDITIONS AS OF (Date):

Table with columns for Assets (Cash, Deposits, Securities, etc.) and Liabilities (Notes Payable, Accounts Payable, etc.) categorized by Borrower, Co-Borrower, and Combined. Includes Total Assets, Total Liabilities, and Net Worth.

NAME _____

SCHEDULE A - Cash, Checking and Savings Accounts, Certificates of Deposit, Money Market Funds, Etc.

FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNER	(j)	IF PLEDGED, TO WHOM?	BALANCE

SCHEDULE B & C - U.S. Government & Marketable Securities or Non-Marketable Securities (Please Indicate if Non-Marketable) (Use Additional Sheet if Necessary)

NO. OF SHARES OR VALUE OF BONDS	DESCRIPTION	IN NAME(S) OF	ARE THESE REGISTERED, PLEDGED, OR HELD BY OTHER?	MARKET VALUE	EXCHANGES WHERE TRADED

SCHEDULE D - Personal Residence & Real Estate Investments, Mortgage Debt (Attach Additional Schedule if Necessary) *Including Taxes and Insurance

TYPE OF PROPERTY	LEGAL OWNER	PURCHASE YEAR/PRICE	MARKET VALUE	PRESENT LOAN BALANCE	INTEREST RATE	LOAN MATURITY DATE	MONTHLY PAYMENT*	% OWNED	LENDER

SCHEDULE E - Life Insurance Carried, Including Group Insurance

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY & RELATIONSHIP	TYPE OF POLICY	FACE AMOUNT	POLICY LOANS	CASH SURRENDER VALUE

SCHEDULE F - Business Ventures (Use Additional Sheets if Necessary)

LIST NAME & ADDRESS OF ANY BUSINESS VENTURE IN WHICH YOU ARE A PRINCIPAL OR PARTNER	YOUR POSITION/TITLE IN THE BUSINESS	LINE OF BUSINESS	YEARS IN BUSINESS	CURRENT MARKET VALUE	YOUR % OF OWNERSHIP	BAL. DUE ON PARTNER-SHIP NOTES, CASH CALL	FINAL CONTRIBUTION DATE

SCHEDULE G - Loans Owning Banks, Broker, Finance Companies, and Others (Mastercard, Visa, Etc.)

OWING TO (ACCT. NO.)	(j)	LINE/ORIGINAL AMOUNT & DATE	PRESENT BALANCE	TYPE OF LOAN	MONTHLY PAYMENT	DATE OF FINAL PAYMENT	SECURED BY

CONTINGENT LIABILITIES		YES	NO	Income Tax Returns filed through (d/m/yyyy): _____ Are any tax obligations past due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?		<input type="checkbox"/>	<input type="checkbox"/>		
Do you have any outstanding letters of credit or surety bonds?		<input type="checkbox"/>	<input type="checkbox"/>		
Are there any suits or legal actions pending against you?		<input type="checkbox"/>	<input type="checkbox"/>		
Are you contingently liable on any lease or contract?		<input type="checkbox"/>	<input type="checkbox"/>		
What would be your total estimated tax liability if you were to sell your major assets?		\$ _____			
If yes for any of the above, give detail: _____ (Use additional sheets if necessary)					

This financial statement is given to First Citizens Bank (the "Bank") by the person(s) signing this statement in connection with an application for credit or extension of credit to such person(s) or to another based upon the guarantee of such person(s). Every person signing this statement agrees that the Bank is entitled to rely upon the information in this statement in its credit decision relating to such person or to another based upon the guarantee of such person.

Every person who signs this financial statement certifies and agrees that (1) the information provided in this statement is true and complete and gives an accurate description of such person's financial condition; except as listed on this statement, (2) such person has no undisclosed direct or contingent liabilities; and (3) title to all listed assets is solely in the name of such person and no other person or entity has an interest in such assets, unless otherwise listed in this statement. In the event of any change in such person's name, address, or employment, such person agrees to send written notice to the Bank within five (5) business days after such change. Every person who signs this statement further agrees to send written notice to the Bank within five (5) business days after the occurrence of any material and adverse change (A) in any of the information contained in this statement, or (B) in the ability of such person to perform his or her obligations which are owed to the Bank or (C) in the financial condition of such person. If no such written notice is given, the Bank shall be authorized to consider this statement as a continuing statement, substantially correct in all respects.

The Bank is hereby authorized to request a consumer report on any person signing this statement in connection with the present application for credit or any update, renewal, or extension of such credit. Upon request, the Bank will tell any such person whether or not a consumer report was requested and if requested, the name and address of the consumer reporting agency that furnished the report. Every person signing this statement further authorizes the Bank to make all necessary inquiries to verify the information in this statement and also authorizes all such persons or entities the Bank contacts to completely respond to such inquiries.

Date Signed _____, _____ Signature (First Individual) _____

Date Signed _____, _____ Signature (Second Individual) _____